

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	
FY 2006		17771 - 298586	
<i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>			
In re Application of Michael B. Jones et al.			
Application Number 10/757,225		Filed January 14, 2004	
For CLEANING APPARATUS FOR PAINT SPRAY GUNS			
Art Unit 3752		Examiner BOECKMANN, Jason J.	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ <u>\$450.00</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 06-0029.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

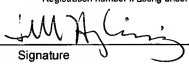
I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 29,311

☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. _____



 Signature
 John M. Haurykiewicz

 Typed or printed name

May 14, 2007

 Date
 612/766-7000

 Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.